



2021 Tournament Registration Form

Tournament Date: _____ Tournament Waters: _____

Angler: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Ontario Sport Fishing License # _____

Boat Make: _____ Model: _____ Reg. #: _____

Motor Make and HP: _____

INSURANCE CO.: _____ POLICY # _____

Co-Angler: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Ontario Sport Fishing License # _____

All competitors must have a valid Ontario Sport Fishing License in their position, **Ontario Conservation Fishing License not accepted. Teams must have at least one angler who is 18 years of age or over. Anglers under 18 must have signature of parent or guardian.**

Waiver: By signing this waiver, I acknowledge that I am engaged in all Petawawa Bassmasters activities at my own risk. I hereby release Petawawa Bassmasters, its executive committee, its members, sponsors and all others associated with all activities of this club, from the responsibility for damage and or personal injury sustained during any activity. I further release Petawawa Bassmasters and its executive committee and members from any liability which may arise as a direct result of my participation in this activity. I have my own liability insurance.

Signature Angler: _____ Date: _____

Signature Co-Angler: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Team Open Tournament: \$110.00 Big Fish (Optional) \$20.00 Total Paid: _____

One Man Tournament: \$90.00 Big Fish (Optional) \$10.00 Total Paid: _____

Forms not fully completed will not be accepted.

Email all registration forms and EMT's to treasurer@petawawabassmasters.net no later than 12pm on the Friday before the event. Cash and cheque will not be accepted



COVID-19 Screening Tool

Every angler must complete this form before entry into our tournament is permitted.

		Yes	No
1.	Are you experiencing any of the following outside of your norm?		
	<ul style="list-style-type: none"> • Fever • New or worse cough • Shortness of breath • Difficulty breathing • Headache • Sore throat • Runny Nose 	<ul style="list-style-type: none"> • Stuffy Nose • Congested nose • Lost sense of taste or smell • Nausea/Vomiting • Diarrhea/Stomach pain • Pink eye 	
In the past 14 days, have you:			
2.	Travelled outside of Canada?		
3.	Has someone you are in close contact with tested positive for COVID-19?		
4.	Are you in close contact with a person who is sick with new respiratory symptoms or who has recently travelled outside of Canada?		

I hereby certify that the information that I have given in this form is true.

Name: _____ Phone Number: _____

Address: _____

Email: _____ Signature: _____

***** This Form MUST be completed by ALL competitors and submitted on the morning of each event to tournament staff. Competitors who do not complete and submit this form will NOT BE PERMITTED to compete. No refund will be provided. *****